

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention | GAS BOTTLE FOR WELDING-TYPE DEVICES | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|-----------|-------------|-----------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|--|-----|------------------------|---|------|----|-----|--|--|--|--|
| Application Number : | | | | | | | | | | | | | | | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | | | | | | |
| First Named Applicant: | Kenneth A. Stanzel | | | | | | | | | | | | | | | | | | | | | |
| Attorney Docket Number: | ITW7510.060 | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 1690 | | | | | | | | | | | | | | | | | | | | | | |
| Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | | |
| Filing as large entity | | | | | | | | | | | | | | | | | | | | | | |
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table> | | | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 1001 | 770 | 770 | Subtotal For Basic Filing Fees: \$ 770 | | | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 1001 | 770 | 770 | | | | | | | | | | | | | | | | | | | |
| Subtotal For Basic Filing Fees: \$ 770 | | | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 52</td><td>32</td><td>1202</td><td>18</td><td>576</td></tr><tr><td>Independent Claims : 7</td><td>4</td><td>1201</td><td>86</td><td>344</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 920</td></tr></tbody></table> | | | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 52 | 32 | 1202 | 18 | 576 | Independent Claims : 7 | 4 | 1201 | 86 | 344 | Subtotal For Extra Claims Fees: \$ 920 | | | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | |
| Total Claims : 52 | 32 | 1202 | 18 | 576 | | | | | | | | | | | | | | | | | | |
| Independent Claims : 7 | 4 | 1201 | 86 | 344 | | | | | | | | | | | | | | | | | | |
| Subtotal For Extra Claims Fees: \$ 920 | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | | | | | | | | | | | | | | | | | | | | |
| Credit account number: | 4369 | | | | | | | | | | | | | | | | | | | | | |
| Expiration Date (YYYYMMDD): | 2005-08-31 | | | | | | | | | | | | | | | | | | | | | |
| Authorized name: | Joyce A. Ziolkowski | | | | | | | | | | | | | | | | | | | | | |
| Billing address: | 53024 | | | | | | | | | | | | | | | | | | | | | |